

Petitioner/Joint Petitioner A: _____
Respondent/Joint Petitioner B: _____

Enter the name of the county in which this case is filed.
Enter the name of the petitioner. If joint petitioners, enter the name of Petitioner/Joint Petitioner A.
Enter the name of the respondent. If joint petitioners, enter the name of Respondent/Joint Petitioner B.
Enter the case number.

STATE OF WISCONSIN, CIRCUIT COURT,
_____ **COUNTY**

IN RE: THE MARRIAGE PATERNITY OF _____

Petitioner/Joint Petitioner A

Name (First, Middle and Last)

and

Respondent/Joint Petitioner B

Name (First, Middle and Last)

Affidavit of Mailing

Case No. _____

AFTER you have mailed the documents, you must complete the information to the right by **checking the boxes indicating the specific documents that you mailed.**

To review decision for a harassment or domestic abuse injunction, use Motion for DeNovo Hearing (CV-503) form.

If a motion, enter the type of motion.

Enter the date [month, day, year] on which you placed the documents in a mailbox, and the name and address of the person to whom you mailed them.

UNDER OATH I STATE:

I placed in an envelope a copy of the following documents:

- A blank Income and Expense Statement (FA-4138V) form
- A blank Financial Disclosure Statement (FA-4139V) form
- Requirement to attend parent education
- Motion for and Notice of New (De Novo) Hearing (FA-4130V) form
- Response and Counterclaim (FA-4113V) form
- Notice of Motion to Change: (FA-4170V/FA-4171V - Post Judgment) form
- Motion for: _____
- Other: _____

I mailed that envelope with proper postage affixed on [Date] _____, 20____ to:

Name _____
Address _____
Address _____
City _____ State _____ Zip _____

STOP!
Take this document to a Notary Public BEFORE you sign it.

After you have been sworn by a Notary Public, sign and print your name and date the document in front of the Notary Public. Have the Notary Public sign and date.

State of _____
County of _____
Subscribed and sworn to before me on _____

Notary Public/Court Official

Name Printed or Typed

My commission/term expires: _____

Signature

Print or Type Name

Address

Email Address Telephone Number

Date State Bar No. (if any)